

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>	<i>E7664</i>	<i>3/29/00</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>330</i>
FORMALITY REVIEW	<i>ed</i>	<i>64934</i>	<i>5 22 00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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